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\*\* CONTINUING DATA \*\*\*\*\*  
*none PABST*

\*\* FOREIGN APPLICATIONS \*\*\*\*\*  
*none PABST*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*  
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Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY MA	SHEETS DRAWING	TOTAL CLAIMS 17	INDEPENDENT CLAIMS 2
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Verified and Acknowledged  
 Examiner's Signature *[Signature]* Initials

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 23579  
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TITLE  
 MODULATION OF VASCULAR HEALING BY INHIBITION OF LEUKOCYTE ADHESION AND FUNCTION

FILING FEE  RECEIVED	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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